

Office of Financial Aid 220 Doberstein Admissions Center 320 N Dupont Highway New Castle, DE 19720 Fax: (302) 328-8905 Email: Finaid@wilmu.edu

## 2023-2024 Living Expense Explanation

Student Info	rmation:			
			W00	
Last Name	First	M.I.	Student I.D.	Phone Number
I am providi	ng this inforr	nation for (check one)	Self (student)	Parent
	•		•	extremely low based on your family y meets its basic living expenses
(housing, for	od, clothing, u	utilities, etc.) on a monthly	basis, and then use the o	hart below to list specific financial
support rece	ived. THERE	MUST BE DOLLAR AMOUN	NTS LISTED. IF THIS FORM	I IS SUBMITTED WITHOUT A
DOLLAR AM	OUNT, IT WI	LL BE CONSIDERED INCOM	PLTE AND RETURNED TO	YOU, THE STUDENT.

**Additional information:** Please provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Amount Received in 2021
	Emergency Rental/Utility Assistance	
	Family Support	
	Government benefits (type)	
	SNAP SSI WIC TANF Section 8	
	Child Support received	
	Alimony Received	

Any Additional Comments:

Each person signing this form certifies that all of the information is complete and correct. If dependent, at least one parent must sign. *WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.*